

EVENT PERMIT



Ordinance 17-08

GiGiFit Acceptance Challenge

PERMIT NUMBER:

TMP2024-00115

Date(s) of Event:

Estero Community Park, April 6, 2024

Property Owner:

LEE COUNTY

Applicant:

Emily Clark 239-703-7960

Description:

Community walk fundraiser-Acceptance Challenge event consisting of a 5K fun run, 1 mile walk for acceptance, and children's dash for Down Syndrome beginning at 9:00AM

until 12:00PM. After the Run & Walk the event becomes a community Celebration of our

achievements.

Location of event:

9200 CORKSCREW PALMS BLVD, ESTERO, FL 33928

Estero Community Park

Will the event be attended by 1000 or more people?

No

Will the event be held on County Owned Property?

Yes

Will there be alcohol consumed or sold at the event?

No

Will a bond be posted for this event?

No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners

Lee County, Florida

County Manager

Date '

ftmpprmt_specialevent.rpt



Event Application

Special Event

Use of County Property Alcohol within Lee County Facilities

Film, Video & Photography

Gi Gi Fit Acceptance Challenge

TMP2024-00115



Event Application

| Check the appropriate box(es) below: | |
|--|---|
| SPECIAL EVENT PERMIT | |
| ☑ USE OF COUNTY PROPERTY PERMIT | |
| PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES | 3 |
| FILM PERMIT | |

| Section I - GENERAL INF | ORMATION (All Permit Types) |
|--|--|
| Title of Event / Name of Production | GiGiFit Acceptance Challenge |
| Date(s) of Event / Production: | April 6, 2024 |
| Location(s) of Event: | Estero Community Park |
| Name of Applicant: | GiGi's Playhouse |
| Applicant Address: | 1901 Brantley Road, Unit 11 Fort Myers, FL 33907 |
| Applicant Phone Number: | 239-703-7960 |
| Contact Person: (If different from applicant) | Emily Clark |
| Contact Phone Number: (If different from applicant) | |
| Email Address: | EClark@GigisPlayhouse.org |
| Estimated Attendance: | 200 |
| Event Description: Include each activity, when activities take place, etc. | Community Walk Fundraiser Acceptance Challenge event consisting of a 5K fun run, 1 mile walk for acceptance, and children's dash for Down syndrome begining at 9am. After the Run & Walk ends, by 11 am, the event become a community celebration of our achievements. |
| Hours of Operation: | 9am - 12 pm |
| STRAP # of Parcel: | 34-46-25-E4-0100C.017A |
| Owner of Premises*: | Lee County Government |

^{*}Notarized statement from the property owner specifically consenting to the proposed use required.



| What is the Zoning Classification of the | premises? Park | |
|--|---|---|
| Are any temporary structures to be inst | alled for the event? $\overline{ x }$ Yes $\overline{ x }$ No $\overline{ x }$ | /pe: 10 x 10 Canopy |
| Do you have the appropriate permits fo | r the temporary structures? | Yes No |
| * For a 'Special Event' and 'Use of Countidentified, including all parking areas. | ty Property' permit, submit a site plan with | all proposed facilities and activities |
| Insurance Company Insuring the Event: | Hanover Insurance Con | npany |
| Note: Certificate of Insurance must be submitted | d at time of application | |
| Surety Company Bonding this Event (Na | ame and Address): N/A | |
| Will Vehicles be Used as Part of This Event? | Will Food be Available at this Event? | Will Alcoholic Beverages be served/consumed at this Event? |
| ☐ Yes No | 🔀 Yes 🔲 No | Yes No |
| If yes, automobile coverage must be included on the certificate of insurance. | If yes, products liability coverage must be included on the certificate of insurance. | If yes, liquor liability coverage must be included on the certificate of insurance. |
| Name & Address of Organization Providing Food: Type of Food being Served: hot dog | s, sandwiches, burgers, fries, s | oft drinks, water |
| Section II - USE OF COUNTY PI | ROPERTY PERMIT | |
| Organization Sponsoring the Event: | igi's Playhouse Fort Mye | ers |
| | | |
| Section III - SALE/CONSUMPT | ION OF ALCHOLIC BEVERAGES PE | RMIT |
| Is alcohol being sold/consumed on Cou | nty Property? | ∠ Yes 🗴 No |
| If Yes, then a "Lee County Alcohol Permit" is required. | Only non-profit organizations can sell alcohol on County Pr | operty. |
| Non-profit certificate/registration num (Required if alcohol is to be <u>SOLD</u> at the event) | ber: No alcohol being so | old/consumed |
| Please note: A narmit from the State of Clorida | Division of Alcoholic Reverages and Tobacco may also | he required; please call (239) 344 ARRE for |

further details



| and Dunduction (change all the | t annly), | | | | | |
|---|--|---------------------------------------|--|---------|------------------|--------|
| pe of Production (choose all tha TV Movie or Special | | _ | TV Commercial | KZ: | Still Dhotos | |
| | | I | | 77 | | |
| Public Service Announcement | industrial / Documental | ry 🦳 | Other: | | , , | |
| ill any of the following be neede | d or included*? | | | | | |
| Street Closure | | | ☐ Yes 🔀 | No | | |
| Traffic / Crowd Cont | trol | | ☐ Yes 🔀 | No | | |
| Fire or Burning | | | ∏ Yes 🔀 | No | | |
| Explosives or Pyrote | echnics | | ☐ Yes 🔀 | No | | |
| Animals, Large or Sr | mall | | ☐ Yes 🔀 | No | | |
| Construction of Any | [,] Kind | | ☐ Yes 🔀 | No | | |
| Large and/or Nume | rous Vehicles | | ☐ Yes 🔀 | No | | |
| Helicopters, Boats, e | etc. | | Yes 🔀 | No | | |
| Stunts | | | ☐ Yes 🔀 | No | | |
| | | | ☐ Yes 🖂 | 61 | | |
| Other For any marked Yes, provide fu | orther details below: | | | No | | |
| For any marked Yes, provide fu | orther details below: | | | INO | | |
| | orther details below: | | | INO. | | |
| For any marked Yes, provide fu | orther details below: | | | INO . | | |
| For any marked Yes, provide fu | orther details below: | | | INO. | | |
| For any marked Yes, provide fu | | ilities, et | | INO. | | |
| For any marked Yes, provide fu | | îlities, et | | INO | | |
| For any marked Yes, provide fu | | ilities, et | | NO. | | |
| Special Parking Requirements: City or County Services Requirec | d: (Personnel, equipment, fac | | C.) | | | |
| For any marked Yes, provide further special Parking Requirements: City or County Services Required The following information is req | d: (Personnel, equipment, fac uired for local and state reco | rds on pr | c.) | | ack the economic | c impa |
| Special Parking Requirements: City or County Services Requirec | d: (Personnel, equipment, fac uired for local and state reco | rds on pr | c.) | | ack the economic | c impa |
| For any marked Yes, provide further special Parking Requirements: City or County Services Required The following information is req | d: (Personnel, equipment, fac uired for local and state reco | rds on pr | c.) | a to tr | | c impa |
| Special Parking Requirements: City or County Services Required The following information is required industry. If exact figures are | d: (Personnel, equipment, fac uired for local and state reco not available, please estimate Number in Crew: | rds on pr e as close | oduction in Florid ely as possible. | a to tr | | c impa |
| Special Parking Requirements: City or County Services Required The following information is required industry. If exact figures are | d: (Personnel, equipment, fac uired for local and state reco not available, please estimate | rds on pr e as close spent in I | oduction in Florid ely as possible. | a to tr | | c impa |



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.

Signature of Applicant

Emily Clark, Site Manager

Print Name of Applicant and Title

02/08/2024

Pamela Garrett

Print Name of Witness

Date



LEE COUNTY SHERIFF'S DEPARTMENT 14750 SIX MILE CYPRESS PARKWAY FORT MYERS,FLORIDA33912 (239) 477-1199

| Check the appropri | ate box(es) bel | ow; |
|-----------------------|---------------------------------------|--|
| - • • | UNTY PROPERTY SELL AND CONSU | PERMIT JME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| | | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION LY WITH FOR THEIR EVENT. |
| Parking: | Parking in autho | rized areas only. Roadways will not be impeded. |
| Deputies (How Many?): | None are require | ed for this event. |
| Fee for Services: | None are require | ed for this event. |
| Special Arrangements: | Race is to remain amplified sounds | n along the pathways and walkways within the confines of the park. Any must adhere to the Lee County Noise Ordinance. |
| | Print Name: Signature: Title: | P. Commins Commander 11 16 23 |
| | Date: | 11 16 33 |



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form. Please see User's Guide for contact information and Fire District Map.

| Check the appropri | VENT PERMIT |
|--|--|
| USE OF CO | DUNTY PROPERTY PERMIT MIT |
| AFTER REVIEWING THE A WILL REQUIRE THE APPL | APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION ICANT TO COMPLY WITH FOR THEIR EVENT. |
| Fire Guards (How Many?) | N/A |
| Fee for Services: | N/A |
| Flammable Vegetation: | N/A |
| First Aid Equipment: | Call 911 for Emergencies |
| Fire Extinguishing: | Call 911 for Emergencies |
| Special Arrangements: | GiGiFit Accptance Challange April 6, 2024 |
| | Print Name: Scott Danielson Signature: |



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY 2000 Main St., Suite #100 FORT MYERS, FL 33901 (239) 533-3911

| Check the appropria | te box(es) below | /: | | |
|----------------------------------|---|--|--|----------------------|
| SPECIAL EV | ENT PERMIT | | | |
| ⊠ USE OF CO | JNTY PROPERTY PE | ERMIT | | |
| F PERMIT TO | SELL AND CONSUM | ME ALCOHOLIC BEVERAG | ES WITHIN LEE COUNTY F | ACILITIES |
| FILM PERM | IT | | | |
| | | SE INDICATE BELOW WH ANT TO COMPLY WITH F | AT ARRANGEMENTS YOU OR THEIR EVENT. | JR |
| Treatment Facilities: | None necessary. | | | |
| Medical Personnel: | None necessary. | | | |
| Medical Supplies / Equipment: | None necessary. | | | |
| Safety Requirements: | | health and safety, especial | ctives, and the Florida Gove y with regards to COVID-19 | |
| Fee for Services | Not applicable. | | | |
| Special Arrangements: | Please call 911 in the office at EMSDetails | | To arrange special event co | overage, contact our |
| | Print Name: | Douglas B. Higgins | | |
| | Signature: | 77-B.19- | Digitally signed by Captain Douglas B. Higgins Date: 2024.01.27 13:14:19 -05'00' | |
| | Title: | Captain, EMS Operations | | |

January 27, 2024

Date:



DEPARTMENT OF TRANSPORTATION 1500 MONROE STREET FORT MYERS,FL33901 (239) 533-8580

| Check the appropr | iate box(es) be | low: |
|-----------------------|--|---|
| Tim 'n | OUNTY PROPERTY | PERMIT UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERM | ЛІТ | |
| | | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT. |
| Parking: | No event parking i | s permitted in Lee County maintained road right of ways. |
| Ingress and Egress: | Please use all estal | olished means of ingress and egress. |
| Special Arrangements: | Shall use Lee Coun | ty Sheriff's Office for assistance with traffic control as needed. |
| | Emergency vehicle County maintained | e access and public vehicular access shall be maintained on all surrounding Lee d roads. |
| | | |
| | Print Name: | Nathan Thoman |
| | Signature: | |
| | Title: | Project Manager |
| | Date: | 11/13/2023 |
| | | |



LEE COUNTY PARKS AND RECREATION 3410 PALM BEACH BOULEVARD FORT MYERS,FLORIDA33916 (239) 533-7275

| F: SPECIAL EV | 'ENT PERMIT | |
|-----------------------|---|---|
| r · | UNTY PROPERTY | |
| PERMIT TO | SELL AND CONS | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERM | IIT | |
| | | LEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT. |
| Illumination: | Event organizer w | ill need to provide additional lighting if needed. |
| | | |
| Parking Areas: | be permitted onto between the Rec C | se the designated parking areas within the parking lots of the park. No vehicles will the central lawn area. Organizers may drop off event supplies via the service road enter and the Chiller area, but then must remove vehicles. For authorization to use the commerce area off Corkscrew, contact Kelth at Collier Association Management |
| Special Arrangements: | responsible to orde signs are not perm Park gates open at | s open 7 am - 9 pm at 9 am - 5 pm |
| | Print Name: | Colleen Via |
| | Signature: | Callen Vice |
| | Title: | Operations Manager |
| | Date: | 11/15/2023 |

Estero - Gi Gi Fit 4/0/2014

Check the appropriate box(es) below:



LEE COUNTY RISK MANAGEMENT COUNTY ADMINISTRATION BUILDING - 4TH FLOOR 2115 SECOND STREET FORT MYERS,FLORIDA33901 (239) 533-2221

| Check the appropriat | te box(es) be | low: |
|------------------------|--------------------------------------|--|
| SPECIAL EVE | NT PERMIT | |
| ⊠ USE OF COU | NTY PROPERTY | PERMIT |
| PERMIT TO S | ELL AND CONS | UME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES |
| FILM PERMI | Γ | |
| | | PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION PLY WITH FOR THEIR EVENT. |
| nșurance Requirements: | occurrence to pr | eral liability insurance with minimum limits of One Million Dollars (\$1,000,000) per otect against bodily injury and/or property damage relative to applicants use of event within Lee County. |
| | Certificate Must | Read As: |
| | and public official with regard to g | litical subdivision and Charter County of the State of Florida, its agents, employees, als are automatic additional insureds and includes an automatic waiver of subrogation eneral liability. The certificate holder is an additional insured on a primary and basis with regards to general liability. |
| Special Arrangements: | political subdivis | nsurance shall be submitted as evidence of the required coverage listing Lee County, a ion and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as older and as an additional insured as listed above. |
| | Subject to proof | of insurance. |
| | | |
| | Print Name: | Mike Figueroa |
| | Signature: | Mike Join |
| | Title: | Risk Program Manager |
| | Date: | February 6, 2024 |
| | | |

CFIELDS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/5/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

| this c | ertificate does not confer rights | to the | e cerl | tificate holder in lieu of s | uch end | dorsement(s |).). | - Toquito un ondotosinon | | |
|----------------|---|-------------|--------------|--|-------------------------------------|---|--|--|------------------|------------|
| 50 N Br | :R surance Agency, Inc. ockway Street, Suite 5-2 e, IL 60067 | | | | PHONE (A/C, N E-MAIL ADDRE | o, Ext): (847) ! | 934-0200 | FAX (A/C, No): | (847) | 934-0202 |
| FAIAIIII | , IL 00001 | | | | ADDRE | • | CIBEDIC) ACEA | RDING COVERAGE | | NAIC# |
| | | | | • | INSURE | | | ANCE COMPANY | | 22292 |
| INSURED | | | | | INSURE | | | | | |
| | Gigi's Play House, Inc. | | | | INSURE | | | | **** | |
| | 2350A W. Higgins Rd | - | | | INSURE | | | | | |
| | Hoffman Estates, IL 60169 | | | | INSURE | RE: | | | | |
| | | | | | INSURE | RF: | | | | |
| COVER | RAGES CEF | RTIFI | CATI | E NUMBER: | | | | REVISION NUMBER: | | |
| INDIC. CERT | IS TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH | REQU PER | IREM TAIN | ENT, TERM OR CONDITIO THE INSURANCE AFFOR | N OF A | NY CONTRA 7 THE POLIC | CT OR OTHER IES DESCRIB | R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T | CT TO | WHICH THIS |
| NSR LTR | TYPE OF INSURANCE | | SUBF | | | POLICY EFF (MM/DD/YYYY) | POLICY EXP | LIMIT | s | |
| AX | P. 444 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - | 1 | | | | | WALL STREET | EACH OCCURRENCE | \$ | 1,000,000 |
| | CLAIMS-MADE X OCCUR | X | X | ZHC-J641303-00 | | 2/1/2024 | 2/1/2025 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 |
| | | | | | | | | MED EXP (Any one person) | \$ | 10,000 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ | 1,000,000 |
| GEI | N'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ | 3,000,000 |
| | POLICY PRO- LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ | 3,000,000 |
| X | OTHER: Liquor Liability | | ļ | | | | | COMPINED SINGLE LIMIT | \$ | 1,000,000 |
| | OMOBILE LIABILITY | | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| X | ANY AUTO | | | AHC-D478637-07 | | 2/1/2024 | 2/1/2025 | BODILY INJURY (Per person) | \$ | |
| - | OWNED SCHEDULED AUTOS HIBED NON OWNED | | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE | \$ | - |
| | HIRED AUTOS ONLY AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| ΑX | UMBRELLA LIAB X OCCUR | | | | | | | | \$ | 3,000,000 |
| `\ <u>\</u> | EXCESS LIAB CLAIMS-MADE | : | | UHC-D486806-06 | | 2/1/2024 | 2/1/2025 | EACH OCCURRENCE | \$ | 3,000,000 |
| - | DED X RETENTION\$ 0 | 1 | | | | | | AGGREGATE | \$ | |
| WOI | RKERS COMPENSATION EMPLOYERS' LIABILITY | | | | ***** | | | PER OTH- | Ψ | |
| | | | | | | | | E.L. EACH ACCIDENT | \$. | |
| | PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED? | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | · · · · · · | |
| If ye | s, describe under CRIPTION OF OPERATIONS below | | | | | | | | \$ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| and inclu | ion of operations / Locations / vehic nty, a political subdivision and Cha ides an automatic waiver of subrog ibutory basis with regards to gene | gation | 1 with | regard to general liability | . The ce | e attached if mor is, employees ertificate hold | e space is requir s, and public er is an addit | ed) officials are automatic add ional insured on a primar | ditiona y and | l insureds |
| CERTIF | ICATE HOLDER | | | | CANC | ELLATION | | | | |
| | Lee County, a political subd of th State of Florida PO Box 398 Fort Myers, FL 33902 | ivisio | on & (| Charter County | THE ACC | EXPIRATION | N DATE TH TH THE POLIC | ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS. | | |
| | | | | | 11 | tonis- | _ | | | |

